



MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 201427944N)

Date : 03/02/2021
Your Ref : CC4/ASM20010621/Aba3 (SJY6287A)
To : AXA INSURANCE SINGAPORE PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SKT7388A & SJY6287A ON 01/10/2020 AT
SLIP ROAD FROM SENGKANG WAY TOWARDS SENGKANG EAST DRIVE.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218018 @ S\$4,601.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,800.00 (9 Days x S\$200)
- 3) LTA Search @ S\$7.45
- 4) Authorisation to Act
- 5) GIA Report

Hope the above is in order and kindly let us have your confirmation soon.

Tax invoice will be issue upon amount finalized.

Thank You.

Yours faithfully,



Sharon Chia

HP: 8121 1373

E-mail: mg3solution@gmail.com



MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 20-1427944-N)

PROFORMA BILL

Bill To:

AXA INSURANCE PTE LTD

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

Bill No : 218018

Date : 03-February-2021

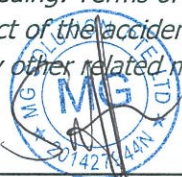
Vehicle Number : **SKT 7388A**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,300.00
BEFORE GST		4,300.00
7% GST		301.00
TOTAL		\$ 4,601.00

Tax Invoice will be issue upon amount finalised.

Please note that our above offer and any settlement arising from the above offer are made on a without prejudice basis with sole intention of resolving the matter amicably without parties resorting to legal proceeding. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. No reference shall be made to this offer or any settlement arising from this offer in any other related matters.



Co's stamp & Authorised Signature

MG SOLUTION PTE LTD
23 Kaki Bukit Ave 4 (South Wing) #02-03B
Vicom Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
GST Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: FAN HUA ANN
CAR/ LORRY/CYCLE: REG NO: SKT 7388A POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SKT 7388Afrom the repairers,
Messrs MG SOLUTION PTE LTD

And that all repairs necessary as a result of an accident in which the said vehicle was Involved on or
about the 01 day of 10 2020 have been completed to my / our satisfaction, and that
I / we have no further claim on the above company in Respect thereof.

Date: Signature: 

Co's Stamp: NRIC No:

02/10/2020 - PRI
03/10/2020 - PRI
04/10/2020 - PRI

Vehicle In - 02/10/2020
Vehicle Out - 10/10/2020
Lbv - 9 days x \$200
= \$1,800



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 02 Oct 2020 / 10:14:39

Receipt Date/Time : 02 Oct 2020 / 10:14:39

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201002-000766

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SJY6287A As at 01 Oct 2020/21:30:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SJY6287A Enquiry Fee 20201002101344051579	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	20201002101353284	Direct Debit: eNETS Debit (Internet Banking)		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

LETTER OF AUTHORITY

Name : TAN HUA ANN
Address : BLK 134 EDGE DALE PLAINS
#14-78 S(820134)
Contact No : _____
TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SKT 7388A AND SJY 6287A ON 01/10/2020
AT/ALONG SLIP ROAD FROM SENGKANG WAY TOWARDS SENGKANG EAST DRIVE

I/We, TAN HUA ANN, am/are the registered owner of
motor car no. SKT 7388A


Please note that I have assigned all compensations monies due to me/us in the above said accident to **M/S MG SOLUTION PTE LTD.**

I/We, hereby authorize you to release all compensation monies pertaining to the above-mentioned accident to **M/S MG SOLUTION PTE LTD** and forward your settlement cheque to **M/S MG SOLUTION PTE LTD** whom I had authorized to collect the said compensation monies.

Thank you



Signature of Claimant



Witness By

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

AUTHORIZATION TO ACT

I, TAN HUA ANN ("the third party claimant")

of BLK 134 EDGERDALE PLAINS #14-78 S(820134) (address),

owner of SKT7388A (vehicle no.) hereby authorize

MG SOLUTION PTE LTD

("The workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my Vehicle No. SKT7388A that was damaged pursuant to the accident which occurred on 01/10/2020 (date) along SLIP ROAD FROM SENG KANG WAY TOWARDS SENG KANG EAST DRIVE (location)

involving Vehicle No/s SJY 6287A

("The accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this _____ day of _____ (month) 20 _____ (year)



Signed by "the third party claimant"



Signed by "the workshop"

MSME20086030 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 02/10/2020 15:02
SUBMITTED BY: Chia Pei Ying

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/10/2020 15:02
Date Of Accident	01/10/2020 21:30
Exact Location Of Accident	SLIP RD OF SENGKANG WAY TWDS SENGKANG EAST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT7388A
Insured/Policyholder	
Name Of Registered Owner	TAN HUA ANN
NRIC No	SXXXX012I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97995953
Alternative Phone No	OFFICE-97995953

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MTPV01008399
Cover Note Number	

Driver

Name of Driver	TAN HUA ANN
NRIC No	SXXXX012I
Date Of Birth	02/11/1976
Occupation	INDOOR
Date Of Driving Pass	24/03/1998
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97995953
Fax Number	
Contact Number	OFFICE-97995953
Email Address	NOEMAIL

Address 134 EDGEDALE PLANS #14-78
Postcode 820134
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 2
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 6
Passenger 1
NAME: : POH GIM HUAY
GENDER: : FEMALE
Passenger 2
NAME: : TAN BENG ZHONG
GENDER: : MALE
Passenger 3
NAME: : TAN POH XUAN
GENDER: : FEMALE
Passenger 4
NAME: : TAN BENG TECK
GENDER: : MALE
Passenger 5
NAME: : TAN XUAN XIN
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20201002/7005.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJY6287A
Vehicle Make/Model/Colour
Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN HUA ANN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKT7388A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name POH GIM HUAY
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKT7388A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name TAN BENG ZHONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKT7388A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 4

Name TAN POH XUAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKT7388A
Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 5

Name TAN BENG TECK

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKT7388A

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 6

Name TAN XUAN XIN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKT7388A

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 5. Any false reporting may be referred to the Police for investigation.
 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s):
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
 - (b) a insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms) and/or may be sent outside of Singapore, for one or more of the above Purposes.
- I understand and agree that the information collected and used to complete this claim history for the purpose of third defence, investigation and management is possible, and all future claims.
- (a) the information so collected and/or shared may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing (road, regulatory, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

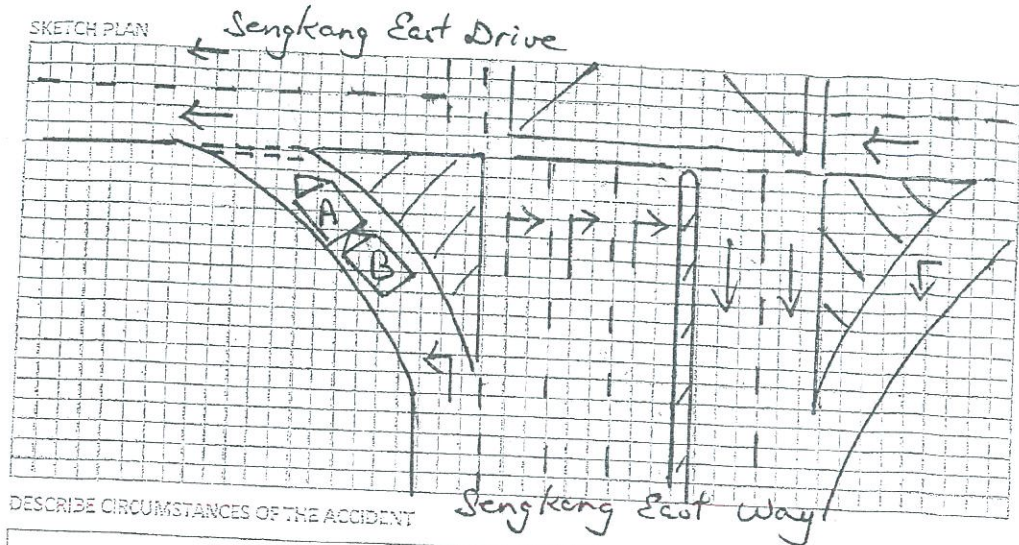
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policy holder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

MEI SOLUTION

Sketch Plan #2 Pg. 1



(A) SKT 7388 A

(B) SJY 6287 A

Refer to Police Report

Report No: - T/2020/002/7006

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

CHANCER/CHANCER/CHANCER

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201002/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 5

Report No. T/20201002/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2020 10:31		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN HUA ANN			Address: 134 EDGEDALE PLAINS #14-78 SINGAPORE 820134		
ID Type / ID No.: NRIC NO / S76340121			Contact No.: Home/Office: Mobile: 97995953		
Nationality: SINGAPORE CITIZEN			Email: HATAN76@GMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 02/11/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: warrant officer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/10/2020 21:30	Type of Location: Straight Road
Location: SENGKANG EAST WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJY6287A	Car					0
SKT7388A	Car	TOYOTA	SIENTA 1.5 DICE 2WD	Purple		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201002/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201002/7005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT7388A	TENET SOMPO INSURANCE PTE. LTD.	D20MTPV01008399	22/06/2020	21/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN HUA ANN	ID No.	S7634012I
Related Vehicle	SKT7388A (Car)	Contact No.	97995953
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/10/2020	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Passenger			
Name	TAN BENG TECK	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Passenger			
Name	TAN POH XUAN	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201002/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201002/7005

CONTINUATION OF REPORT

Passenger			
Name	TAN XUAN XIN	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	POH GIM HUAY	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	TAN BENG ZHONG	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 01/10/2020 AT ABOUT 2130HRS AT SLIP ROAD FROM SENGKANG WAY TOWARDS SENGKANG EAST DRIVE. I WAS TRAVELLING ON THE ABOVE MENTIONED SLIP ROAD AND CAME TO A STOP WHILE GIVING WAY TO THE MAIN TRAFFIC ALONG SENGKANG EAST DRIVE. SUDDENLY, I FELT A GREAT IMPACT FROM THE REAR AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 5 PASSENGERS INSIDE MY VEHICLE.

(A) SKT7388A

(B) SJY6287A

Sketch Plan #6 Pg. 1



SINGAPORE
POLICE FORCE



T/20201002/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201002/7005

CONTINUATION OF REPORT

Accident Sketch Plan Pg. 1

**SINGAPORE
POLICE FORCE**

T/20201002/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201002/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
02/10/2020 10:31

Classification Of Case: